	LEWISLATIVE RESOURCE CENTER
UNITED STATES HOUSE OF REPRESENTATIVES FORM B	019 APR 29 Th Page 1 of 5
FINANCIAL DISCLOSURE STATEMENT For New Members, Candidates, and New Employees	OFFICE OF REPRESENTATIVES.
Name: JAMES LEE HART Daytime Telephone:	APR 24 201
New Member of or Candidate for State: TEML  U.S. House of Representatives District: 08  Check if Amendment  FILER  Candidates – Date of Election: NOL 3 2020	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office:  Shared  Principal Assistant to  Indi	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?  E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? easset during the reporting period?	ne reporting the date of filing? Yes No
<ul> <li>C. Did you or your spouse have "earned" income (e.g., salaries, honorania, or pension/IRA distributions) of \$200 or more during the reporting period?</li> <li>Yes No</li> <li>No</li> <li>No</li></ul>	angement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	3,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	OMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	e you excluded Yes No 🔀
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Il three tests for Yes No 🕅

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: JAMES HART

	,	MUDRIANKY CHECK NOT	l	Evanolas	DC, Mega Corp Stock	Sp. EF	For bank and other cash accounts, total the arrount in all interest-bearing accounts, if the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second name and vacation homes (unless there was rental income during the reporting period); and any financial increme during the reporting period; and any financial interest; in, or income derived from, a federal retirement program, including the Thift Sevings Plan.  If you have a privately-traded (und that is an Excepted Investment Fund, please check the "Elf" box.  If you so choose, you may including that anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reportion these holds.	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or Income Sources	BLOCK A
		X	×	Indefinite	×		None         >           \$1.51,000         □           \$1,001-\$15,000         □           \$15,001-\$50,000         □           \$50,001-\$100,000         m           \$100,001-\$250,000         □           \$250,001-\$1,000,000         □           \$50,0001-\$1,000,000         □           \$1,000,001-\$25,000,000         □           \$25,000,001-\$20,000,000         □           \$25,000,000-\$20,000,000         □           \$25,000,000         □           \$25,000,000         □           \$25,000,000         □           \$25,000,000         □           \$25,000,000         □		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because It generated income, the value should be "None."  **Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	BLOCK B
			Partnership Income	Royalites	×		NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEDIBLIND TRUST TAX-DEFERRED Other Type of Innorma (Specify: e.g., Partnership Innorma ox Farms Income)		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(t), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if retinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of income	вгоскс
		X	×	×	~		None	2019 2018	For assets for which you checked "Tax Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and k capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	Amount of Income	BLOOK D

Use additional sheets if more space is required.

### SCHEDULE C - EARNED INCOME

Name: JAMES HART	
187 Page 3 of 5	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and Members and emplo professional service	INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	ncome may apply to you after yo limit is \$27,765. In addition, cert r staff.	บน are on House payroll. The 201 ain types of income (notably honora	6 limit on outside earned income for ria, director's fees, and payments for
S	Source (include date of receipt for honoraria)	Туре	2019 Am	Amount 2018 Preceding Year
	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples:	Civil War Roundtable (Oct. 2)	Spouse Speech	\$0,000	000,15
	ONWING POUNT PERSON OF LONGOSTON	Oppose condit	144.5	147
			NONE	MONE

#### SCHEDULE D - LIABILITIES

Name: JAMES Page 4

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence

				DC, JT		
		NC	Example		_	
		NONE	First Bank of Wilmington, DE	Creditor		
			5/98	Date Liability Incurred MO/YR		
			Mortgage on Rental Properly, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	G	
			×	\$100,001- \$250,000	Ð	
				\$250,001- \$500,000	т	Amount of Liability
				\$500,001- \$1,000,000	71	t of L
				\$1,000,001- \$5,000,000	စ	ability
				\$5,000,001- \$25,000,000	<b>=</b>	
				\$25,000,001- \$50,000,000		
				Over \$50,000,000	<u> </u>	
				Over \$1,000,000* (Spouse/DC Liability)		

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		NONE	Position
			Name of Organization

#### SCHEDULE F - AGREEMENTS

rangement that you have with respect to: future employment: a leave of absence during the period of government service	Name: JAMES
a leave of absence during the period	HART
of government service;	Page 5 of 5

continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former Identify the date, parties to, and general terms of any agreement or an

,		
Date	Parties to Agreement	Terms of Agreement
	NOUE	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Ţ		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
M	MONE	
-		